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## BIB DATA SHEET

CONFIRMATION NO. 9398

<b>SERIAL NUMBER</b> 10/054,638	<b>FILING or 371(c) DATE</b> 01/22/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 01-059-A	
<b>APPLICANTS</b> Robert P. Ryall, Stroudsburg, PA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/263,435 01/23/2001 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/14/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/S. DEVI/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>/SD/</u> Initials	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> <del>17</del> <input type="checkbox"/> 1	<b>INDEPENDENT CLAIMS</b> <del>2</del> <input type="checkbox"/> 1
<b>ADDRESS</b> T. HELEN PAYNE AVENTIS PASTEUR, INC. INTELLECTUAL PROPERTY ONE DISCOVERY DRIVE SWIFTWATER, PA 18370 UNITED STATES					
<b>TITLE</b> MULTIVALENT MENINGOCOCCAL POLYSACCHARIDE-PROTEIN CONJUGATE VACCINE					
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		